FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY PAGE Reset	Form FORM DR-2	DIS
COMMITTEE NAME (Must be same as on Statement of Organization)	(Rev. 12/2005)	REI
Cedar County GOP	For Office Use O	nly
IMPORTANT: Indicate by # type of committee you are reporting for; (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party (4) County Control Committee (5)	Logged In	$\frac{\eta_1}{2m}$

COMMITTEE NAME (Must be same as on Statement of Organization County County County County County County County Candidate (4) County Central Committee (5) County Candidate (6) City County County County County Pac (9) City Pac Subdivision Pac (11) Local Ballot Issue CANDIDATE COMMITTEES ONLY: Candidate Name	op om 1.10.08 I for: 4 If (2) State PAC (3) State Party Pandidate (7) School Board or Other	Scanned _ Computer _ Audited File with:	
Office Sought Late reports are subject to possible civil and criminal penalties. If the candidate, for a candidate's committee, and the chairperson individual responsible for filing timely and accurate reports.	District (if Senate or House) Pursuant to lowo Code section 68B.32A(, for any other type of committee, is the	Disclosure 510 E. 12 th Des Moine Fax: 515-2	e Board th , Ste. 1A es, Iowa 50319 281-3701
SIGNATURE OF PERSON FILING REPORT	TELEPHONE	D4	Tan 16 200 a
(report date) CHECK IF AMENDMENT TO REPORT DATED Check if this is final (termination) report and attach Notice of D (You must continue to file reports until a DR-3 is filed.)	Dissolution Form DR-3.	cal Committees, e	nter Date of Election mittees, enter County in d
CASH ON HAND at the beginning of the reporting period. (Total of committee. This amount MUST be the same as the cast of the last reporting period or must be zero if this is first	h on hand at the end	\$/	45.62
ADD TOTAL MONEY TAKEN IN THIS PERIOD		7	
Schedule A: Cash Contributions total (Attach Schedule	A) (*also see in-kind below)	<u>4</u>	832.00
Schedule F: Loans Received total (Attach Schedule F).			
Schedule H: Total Sales of Campaign Property (Attach	Schedule H)		
(Schedule H applies to Candidates' Comm	nittees Only)		
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	SUB-TOTAL	\$	977.62
Schedule B: Expenditures total (Attach Schedule B) (**	*also see debts and loans holow)		662.79
Schedule F: Loan Repayments total (Attach Schedule F	·		004.11
CASH ON HAND at the end of this reporting period (if final report it			
be zero) (Attach DR-3)		\$ <u>4</u>	314.83
"UNPAID BILLS (From Schedule D - Attach Schedule D)		s	
"IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E			425.00
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F).			7 5. 5
CONSULTANT BREAKDOWN (Schedule G Attached?)		YES	NO NO
CANDIDATE COMMITTEES ONLY:			
ALUF OF CAMPAIGN PROPERTY (From Schodulo H. Attack Sc	And the last of		

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, S	ee Back of Form
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CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

S	SCHEDULE				
	A (Rev. 07/03)	MONETARY RECEIPTS			
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CHECK THIS BOX IF AMENDING FORM					
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Reset Form

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER
2-09	ID# CK#	miss. Donation		\$25,00	INCOME
4-29	ID#	Paul R Lvoak 106 Cottage Dr Mechanics ville, Ea 52306		155,00	
4-29	ID#	Darrel Brown 219 S. Codar Apt 402 Tipton, to 52772		75.66	2
4-29	ID# CK#	Carl Hohort 557 Quiney Ave Clorance, Ia 52216		150.06	
4-29	ID# CK#	Sally Miller 563 260 til Ave. West Branch, In 52358		185.00	~
4-30	ID# CK#	Carl H Kohart 557 Zuincy Aug Clarence, Ia 52216		200.00	
4-30	ID# CK#	Velme Huebner 17. B 187 Clarence, Ic 52214		170,00	4
4-30	ID#	Frederick R. Drexler DOS P. O. Box 446 Clarence In 57216		450.00	4
4-30	ID# CK#	Crytal B. Bouzidan 100 Currier Hall 1= 402 Towa City to 52244		100.00	
4-30	ID# CK#	Cosh and Small chesks		1275,00	
			SUB-TOTAL	.078560	

TOTAL (if last page of this schedule)

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME	(Must be same as on S	Statement of Organization)	
Cedar	County	GOP	

SCHEDULE	
A (Rev. 07/03)	MONETARY RECEIPTS
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STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER
5-7	ID#	mise from fund raisen		\$ 60,00	INCOME
5-8	ID# CK#	Seff Haufman 2125 old Muscetine Rd Wilton, Fa 52778		100.00	
9-11	ID# CK#	Panation		20.00	
11-18	ID# CK#	Carl Kohrt 557 quincy Ave Clarence, Ta 52216		150.00	~
11-18	ID# CK#	Steven Rathje Box 9361 Cedar Repids Fa 52409		135.00	
11-18	ID# CK#	Darrel Brown 219 S. Cedar St. Tiplon, Ic 52772		100.00	~
11-18	ID# CK#	James F. Hahn 900 West 4th St Muscatche Ia 5-2761		100.00	
11-18	ID# CK#	Jeff Konfman 2125 old Muscotine 17 d Wilton, In 52778		60.00	
11-18	ID# CK#	Dennis Wesh 1895 Wilson Ave Wilton, In 52778		68.00	V
11-18	ID# CK#	Crystol Bougiden 815 E. Bulling ton st. Towa City Iq 52240		60.00	
			SUB-TOTAL	\$35.00	

TOTAL (if last page of this schedule)

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For Instructions, See Back of	Form

CONTRIBUTIONS - MONEY TAKEN IN

(including candidate's personal funds)	
COMMITTEE NAME (Must be same as on Statement of Organization) Cedar County 60.P	CHECK THIS BOX IF AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	√ IF FOR
RECEIVED (MM/DD/YR)	(if applicable) AND PAC CHECK NUMBER		TO CANDIDATE* (if applicable)	RECEIVED	FUND- RAISER INCOME
11-18	ID# CK#	Fred R. Drexler P.O. Box 446 Clarence Fa 52216		\$ 130.00	
11-18	ID# CK#	cost and small checks		736.00	
11-23	ID# CK#	Ponetium		15.00	[L
11-28	ID# CK#	James F. Hahn 900 w thyst. Mugcatine, 19 52761		101.00	
12-3	ID# CK#	Fuens Waller 1726 Taylon Ave Bennett Io 52721		30.00	~
12-3	ID# CK#	Sally Miller 563 260+55+ West Branch Jo 52358		200.00	
,	ID# CK#				
			SUB-TOTAL	. 1712.00	

TOTAL (if last page of this schedule)

SCHEDULE

(Rev. 07/03)

MONETARY

RECEIPTS

Reset Form

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Reset	Form	110

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE				
B (Rev. 07/03)	MONETARY EXPENDITURES			
CHECK THIS BOX IF AMENDING FORM				

COMMITTEE NAME (/	Must be same as on	Statement of Organization)
Cedar		

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
4-3	ID# CK# <i> ひ</i> ユ(The Cove Assturant 1288 307 to st. Moscow, Iq 52760	Cake and ice cream	2557.00 \$
5.7	ID# CK# 1622	Cedar County Fair Box 324 Tipton. In 52772	Boots vental	110-00
7-11	ID# CK# /013	Hawkeye Foods P. O. Box 1820 Towa City Ig 5-2244	PIPCOUR SECHS	47.37
11-18	ID# CK#] 024	The Cove Resturant 1288 307 12 St Moscow, In 52740	Cake and ice cream	220,42
11-18	ID# CK# / 0.25	The Cove Restaurant 1288 307 th St Moscow Io 52760	Tip	30.00
	ID# CK#			
	ID#			
	CK#			
	ID#		بريان و در	
	CK#			

SUB-TOTAL \$ 662.79

TOTAL (If last page of this schedule) \$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

Page & of b	Page	Į.	of	i	
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JR INSTRUCTIONS, SEE BACK OF FORM	SCHEDULE	
COMMITTEE NAME (Must be same as on Statement of Organization) CEDAL COUNTY GOP	(Rev. 06/97)	IN KIND CONTRIBUTIONS
	1	(THIS BOX IF DING FORM

RECEIVED OF CONTRIBUTION Y-30 Varien We fring for 1 ripfon, To \$2772 SUB-TOTAL (If last page of this schedule)	DATE		RELATIONSHIP	DECOMPTE		
Wanner Wetkington Y-30 Z74 E 114 St Tipfon, To 52772 SUB-TOTAL \$ H25.00 TOTAL (If last \$ page of this	RECEIVED		TO CANDIDATE	OF IN KIND	FAIR MARKET	VIF FOR FUND-RAISER
SUB-TOTAL ###################################	(WINDDITK)		* (if applicable)		VALUE	CONTRIBUTION
SUB-TOTAL ###################################	11 21	Warren Wethington		Airplane	1 42 E pn	L
SUB-TOTAL ###################################	7-30	1517 E 11 - 3 5 7 7 7 2		hidas	1.83.00	
SUB-TOTAL \$ \(\frac{4}{725.00}\) TOTAL (if last page of this	<u> </u>	1 1 1 2 1 1 2				
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SUB-TOTAL \$ \(\frac{4}{725.00}\) TOTAL (if last page of this						
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*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page _ _ of _ (for Schedule E)